

Waukesha County

DRAFT PLAN

County Plan on Aging
2019-2021

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**Yellow Highlight indicates sections required for annual assessment*

1. Verification of Intent

This plan represents the intent of the county to assure that older people have the opportunity to realize their full potential and to participate in all areas of community life.

On behalf of Waukesha county, we certify that these organizations have reviewed the plan, and have authorized us to submit this plan which outlines activities to be undertaken on behalf of older people during 2019-2021.

We assure that the activities identified in this plan will be carried out to the best of the ability of the county.

We verify that all information contained in this plan is correct.

_____ Signature, and Title of the Chairperson of the Commission on Aging	_____ Date
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_____ Signature, and Title of the Authorized County Board Representative	_____ Date
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2. Executive Summary

The Executive Summary must capture the essential points of the plan concisely. Ideally, the information should be presented in the same order as in the larger document itself.

Summarize the whole plan.

Describe the methods used to gather public input and how the information was used to develop the plan.

Address each of the focus areas.

Waukesha County has developed the Aging Unit Plan for 2019-2021 in accordance with the State of Wisconsin Department of Health Services guidelines. This plan highlights the work of the ADRC of Waukesha County to provide older adults the opportunity to have their voices heard through advocacy about issues and concerns which impact their life. This plan provides for initiatives involving a variety of issues related to older adults and their caregivers and addresses social isolation by increasing social connectedness. In addition, the complex needs of caregivers and individuals needing support for those with Dementia is addressed.

Waukesha County, the third largest county in Wisconsin has seen a significant increase in the older adult population, and by the year 2030 it is estimated that 25% of the county will be over the age of 65. Between 2010 and 2025, the same age group is projected to increase by 48%.

This plan addresses the needs of the community which have been identified through various means. Over 30,000 contacts were recorded by the ADRC in 2017, and information from numerous surveys, focus groups and listening sessions was gathered to develop this plan. In addition, census data, community needs assessments and an environmental scan were utilized to develop this plan.

Waukesha County provides programs and services funded by the Older Americans Act. Supportive Services include short term case coordination, and home and community-based support services, some of which include homemaker services and personal care. Nutrition Services includes both Congregate Dining Centers and Home Delivered Meals. Both provide donation-based, nutritious meals to older adults who may be frail, isolated, homebound, or disadvantaged. The meals help older adults to remain healthy, active, and independent in their own homes and communities. The National Family Caregiver Support Program, provides core services designed to reduce caregiver burden, enable caregivers to remain in the workforce, and prevent or delay the need for a higher level of care for the care receiver. The ADRC continues to be the lead agency of a local Caregiver Coalition. The ADRC also continues to increase the availability for supportive services and opportunities for grandparents and other older adult relative caregivers through collaborative planning with community organizations serving similar populations.

Alzheimer's disease is a progressive, irreversible disease that results in the gradual deterioration of memory, behavior and ability, and is eventually fatal. According to the Waukesha County Community Health Assessment, it is the fifth leading cause of death in older adults within Waukesha County. While most individuals diagnosed with the disease are 65 or older, early onset can occur as young as age 40. The ADRC of Waukesha County has had a Dementia Care Specialist (DCS) on staff for over four years. During this time, the County has significantly improved the education and care of individuals with dementia and their caregivers. The ADRC is a dementia-capable agency, with all ADRC Specialists trained on administering memory screens to promote early intervention. Over the past four years, the ADRC has been the catalyst in the development of Dementia Friendly Communities and has developed the curriculum for development of more in the upcoming years. Additionally, the community has significantly increased the Dementia Friendly Business training availability.

The ADRC of Waukesha County has developed many community partnerships to address the needs of individuals living in the community. Ongoing collaborations with local health care agencies provide strong referral and programming opportunities for ADRC clients and families. The ADRC of Waukesha County provides numerous Evidence Based Prevention Programming, including Chronic Disease Self-Management Program (CDSMP), Diabetes Management, Pain Management, Stepping On Fall Prevention, A Matter of Balance, Powerful Tools for Caregivers, and Boost your Brain in collaboration with community partners.

In the 2019-2012 Aging Unit Plan the following goals have been developed for each of the focus areas:

Advocacy Related Activities:

- In order to increase greater awareness of issues with potential impact to those older adults and adults with disabilities in our community, the ADRC will create a standing Advocacy Updates/Action Alerts in our ADRC newsletter.
- In order to ensure the voices of older adults are heard, the ADRC will conduct a public awareness campaign to “get out to vote”, including absentee voting information for the 2020 Presidential election.
- In order to increase participant civic engagement, the ADRC will create How-To Tip Sheets to aid consumers in Advocacy efforts.

Elder Nutrition Program goals in this plan include:

- In order to achieve greater participation in Congregate Dining throughout the County, targeted marketing efforts will be developed and implemented.
- In order to encourage increased consumption of vegetables by community seniors, the ADRC will promote and provide activities and opportunities for clients to participate in the Waukesha County CHIPP's Eat Well, Move Well Waukesha County vegetable promotion program by December 2019.

- To enhance social connectedness to homebound older adults receiving HDM, the ADRC will implement a social inclusion initiative modeled off of UWM Professor Anne Basting's 'Question of the Day'.
- To allow new diners to better integrate with existing diners, pilot a welcome committee at three dining centers with the goal of increasing ongoing participation throughout the year.

Services in Support to Caregivers goals in this plan include:

- In order to continue to address the complex needs of working caregivers, the ADRC will partner with the Waukesha County Business Alliance to present to local businesses Human Resource Departments the availability of Caregiver Support Services.
- In order to increase referrals to the Family Caregiver Support Program, the ADRC will develop and pilot a communication referral process with a community based organization.
- In order to combat loneliness and isolation in caregivers, the ADRC will explore a collaboration with a community agency for the development of a Peer to Peer Support Network.

Services to People with Dementia:

- In order to address the growing need of support for individuals with dementia in the community, the ADRC will assist in providing the guidance for the development of 1 new Dementia Friendly Community Coalition.
- In order to support individuals newly diagnosed with Alzheimer's disease or other dementias, as well as their caregivers and families, the ADRC will work in collaboration with Pro Health Care providers to develop a communication referral process for these individuals to connect to the ADRC.
- In order to promote the expansion of dementia friendly communities and support individuals with dementia living in the community, the ADRC will provide a minimum of 6 dementia friendly business trainings.

Healthy Aging goals:

- In order to promote physical exercise, increase mood and decrease isolation, the ADRC will create and have available for distribution a listing of community walking locations and explore incorporating an additional evidence based prevention program focus on physical activity.
- In order to increase community awareness and knowledge, ADRC will offer four one-time community presentations with focus on brain health, physical health, maintaining positive mental health and in-home safety.
- In order to provide more socialization for people who have difficulty getting out in public, the ADRC will explore the self-directed volunteer model to pilot a Telephone Friendly Visitor Program. This program will utilize volunteers to make weekly calls to older adults who have been identified as needing increased socialization.

Local Priorities identified in this plan include:

- Substance Use
 - In order to increase awareness about the danger of mixing prescription drugs and other substances the ADRC, in partnership with Heroin Task Force agencies, will distribute Dose of Reality materials via our interactions with consumers.
- Mental Health
 - In order to increase identification of warning signs for suicide in older adults, a minimum of 80% of ADRC staff will complete QPR (Question, Persuade, and Refer) training.
- Transportation
 - In order to maximize all opportunities to enhance transit options for older adults that no longer drive, the ADRC will partner with other community organizations to promote new transit initiatives.

The ADRC's mission statement provides that the ADRC "will empower individuals to make informed choices and to streamline access to the right and appropriate services and supports. The ADRC will continue to work closely with governmental and community resources and partners to better serve the needs of our consumers.

<p>3. Organization and Structure of the Aging Unit 3-A Mission Statement and Description of the Aging Unit</p>
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Mission Statement

To provide older adults and people with physical or developmental/intellectual disabilities the resources needed to live with dignity and security and to achieve maximum independence and quality of life. The goal of the Aging and Disability Resource Center is to empower individuals to make informed choices and to streamline access to the right and appropriate services and supports.

Descriptive Information

Location:

Aging and Disability Resource Center of Waukesha County
Human Services Center
514 Riverview Avenue
Waukesha, WI 53188

Hours of operation:

8:00 am – 4:30 pm Monday through Friday

Telephone: Local (262) 548-7848

Toll Free: 1-866 677-ADRC or 1-866-677-2372

Fax: (262) 896-8273

For information outside of regular business hours please call 211/First Call for Help. To contact 211/First Call for Help simply dial: 211 or 262-547-3388.

E-Mail: adrc@waukeshacounty.gov

Questions or comments concerning the Waukesha County Plan on Aging should be addressed to:

Mary Check Smith, Manager

Telephone: (262) 548-7834

Lisa Bittman, ADRC Coordinator

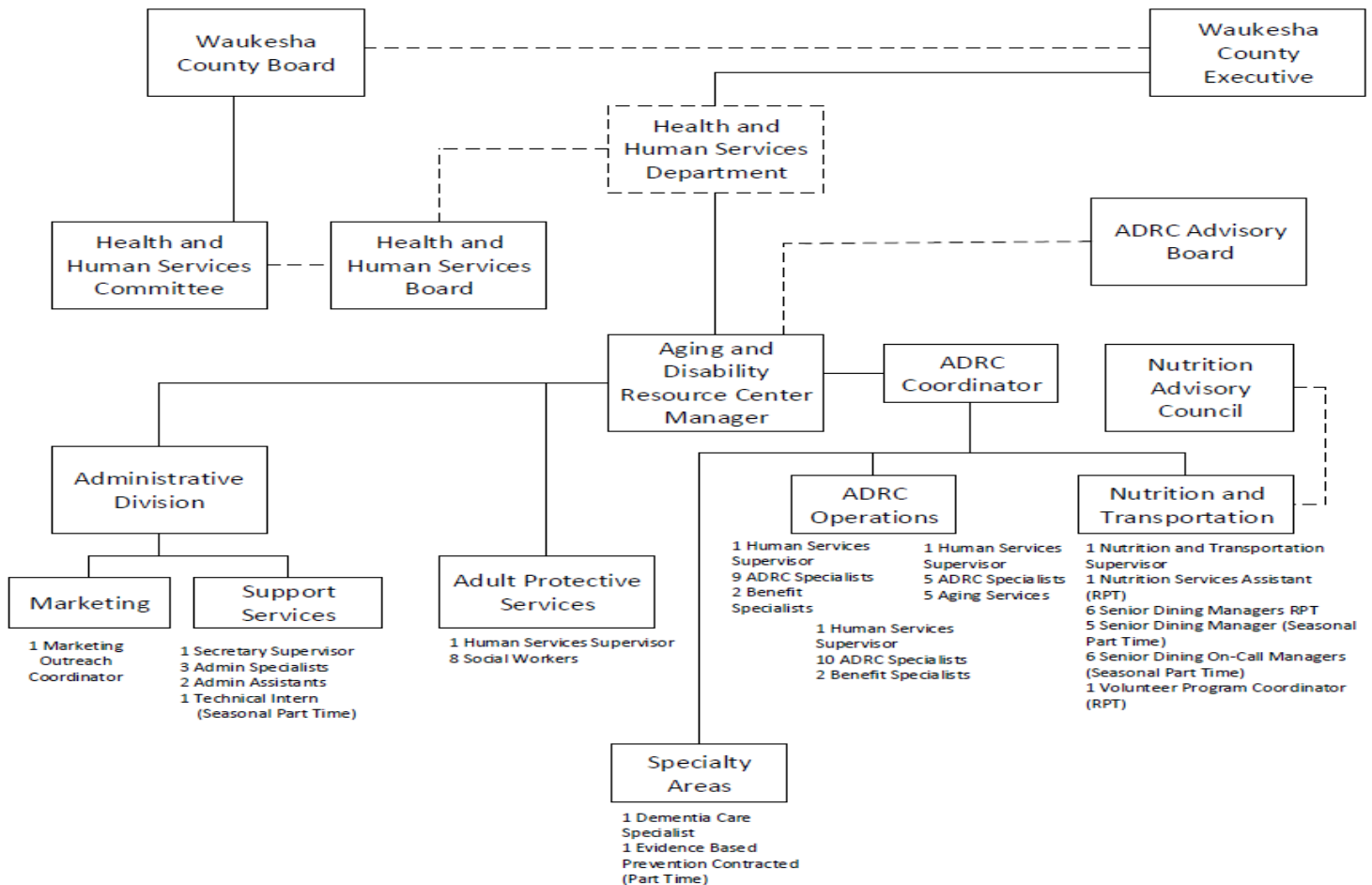
Telephone: (262)-548-7831

3. Organization and Structure of the Aging Unit

3-B Organizational Chart of the Aging Unit

Provide an organizational chart, which clearly depicts the place of the aging unit, the policy-making body, and (where applicable) the advisory committee, in relation to the county government. (Not-for-profit aging units will not include their relationships to county government in the organization chart.)

2018
AGING AND DISABILITY RESOURCE CENTER
OF WAUKESHA COUNTY



3. Organization and Structure of the County Aging Unit 3-C Aging Unit Coordination with ADRCs

The ADRC of Waukesha County is a division of the Waukesha County Department of Health and Human Services. We are an integrated model with the inclusion of Aging Services, ADRC, Adult Protective Services (APS) and transportation services in this division.

The aging unit for Waukesha County is the Aging and Disability Resource Center of Waukesha County. The ADRC:

- Provides a welcoming, accessible place where older adults and adults with disabilities can go for any information, advice, and help in accessing services.
- Provides one central source of reliable and objective information about a broad range of community resources for elderly individuals and individuals with disabilities.
- Helps individuals understand the various long-term care options available to them.
- Enables individuals to make informed, cost-effective decisions about long-term care.
- Helps individuals conserve their personal resources, health and independence.
- Reduces the demand for public funding for long-term care by delaying or preventing the need for potentially expensive long-term care.
- Helps individuals apply for eligible programs and benefits, and use their community's resources.
- Serves as a single access point for publicly funded long-term care.

As the single point of access for publicly funded long-term care services in Waukesha County, the ADRC works with Moraine Lakes Consortium (a five county Income Maintenance consortium) to determine eligibility for managed long-term care services, and provides options counseling to help individuals make cost effective decisions about their long-term care. If an individual is eligible for a long-term care program, ADRC staff enroll the consumer in the consumer's program of choice: Family Care, PACE, Partnership, or IRIS.

The ADRC has a history of strong community partnerships and expects those partnerships to continue and be even more important over the next several years as the aging population grows within Waukesha County. These partnerships are an integral part of many of the services coordinated or provided by the ADRC. Partnerships also contribute to program planning through community needs assessments and community network meetings. Consumers also provide input to program planning through needs assessments, case management contacts, customer surveys, and participation in meetings and focus groups.

The County Strategic Plan regularly reviews community and client expectations, critical issues, environmental trends, collaborations with county, government and agency partnerships, and strategic goals. The Strategic Plan, which is completed every three years, helps to determine program and funding decisions. The ADRC receives strong support from the Department of Health and Human Services, the ADRC Advisory Board, the County Board, and the County Executive.

<p align="center">3. Organization and Structure of the County Aging Unit 3-D Statutory Requirements for the Structure of the Aging Unit</p>
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Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

Organization: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
1. An agency of county/tribal government with the primary purpose of administering programs for older individuals of the county/tribe.	
2. A unit, within a county/tribal department with the primary purpose of administering programs for older individuals of the county/tribe.	X
3. A private nonprofit corporation, as defined in s. 181.0103 (17).	
Organization of the Commission on Aging: The law permits one of three options. Which of the following permissible options has the county chosen?	Check One
1. For an aging unit that is described in (1) or (2) above, organized as a committee of the county board of supervisors/tribal council, composed of supervisors and, advised by an advisory committee, appointed by the county board/tribal council. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.	
2. For an aging unit that is described in (1) or (2) above, composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	X
3. For an aging unit that is described in (3) above, the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.	
Full-Time Aging Director: The law requires that the aging unit have a full-time director as described below. Does the county have a full-time aging director as required by law?	Yes

3. Organization and Structure of the Aging Unit 3-E Membership of the Policy-Making Body

The commission is the policy making entity for aging services and an aging advisory committee is not the commission. Chapter 46.82 of the Wisconsin Statutes sets certain legal requirements for aging units.

“Members of a county/tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms.” In the case of county board/tribal council members, the requirement is 3 consecutive 2-year terms.

Official Name of the County Aging Unit's Policy-Making Body (list below)			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson:			

3. Organization and Structure of the County Aging Unit

3-F Membership of the Advisory Committee

If the aging unit has an advisory committee, listed below are the members of the advisory committee. *An aging advisory committee is required if the commission (policy making body) does not follow the Elders Act requirements for elected officials, older adults and terms or if the commission (i.e. policy-making body) is a committee of the county board.*

Chapter 46.82 of the Wisconsin Statutes requires that the membership of the aging advisory committee (where applicable) must consist of at least 50% older people, and individuals who are elected to office may not constitute 50% or more of the membership.

Official Name of the County Aging Unit's Advisory Committee (list below)			
Name	Age 60 and Older	Elected Official	Year First Term Began
Chairperson: Christine Howard		X	2015
Judie Berthelsen	X		2015
Patricia Carriveau	X		2016
Maria Cizel			2014
Carla Friedrich			2016
Sandie Heberling	X		2016
Paulette LaMountain	X		2016
Elaine Ludka	X		2012
Sonia Miranda			2017
Susan Schweda	X		2015

For assessment only – Please update the Commission on Aging and Aging Advisory membership and answer questions below.

Please answer “Y” or “N”	2019	2020	2021	Describe
Has the organization of the <i>Aging Unit</i> changed this past year?				
Has the organization of the <i>Commission on Aging</i> changed this past year?				
Does the aging unit have a full-time aging director?				
Is the membership of the Commission on Aging in Compliance?				

3. Organization and Structure of the County Aging Unit 3-G Staff of the Aging Unit

Listed below are the people employed by the County Aging Unit. Include additional pages as needed.

Name: Mary Check Smith – Full Time Job Title: Manager/Aging Unit Director Telephone Number/Email Address: 262-548-7834/mcsmith@waukeshacounty.gov
Brief Description of Duties: Directs the Aging and Disability Resource Center. Responsible for the development, administration and direction of programs, services and activities addressing the needs of clients. Directs the management of contracted and/or grant funded services; and performs other duties as required.
Name: Lisa Bittman – Full Time Job Title: ADRC Coordinator Telephone Number/Email Address: 262-548-7831/lbittman@waukeshacounty.gov
Brief Description of Duties: Assists the ADRC manager in supervising and managing the day-to-day provisions for the ADRC and Aging Services programs. Assists in integrating and managing purchased services of the ADRC.
Name: Shirley Peterson – Full Time (20% funded under OAA) Job Title: ADRC Supervisor Telephone Number/Email Address: 262-548-7701/speterson@waukeshacounty.gov
Brief Description of Duties: Direct supervision of ADRC specialists, including the 4 staff funded by Aging Services programs who complete assessments and service delivery. Approves services funded under Aging Services
Name: Michael Glasgow, RD, CD – Full Time Job Title: Nutrition and Transportation Services Supervisor Telephone Number/Email Address: 262-896-8214/mglasgow@waukeshacounty.gov
Brief Description of Duties: Manages the senior dining and home delivered meal program. Directs supervision of senior dining staff, prepares menus, and assures compliance with state/federal policies. Oversees the 85.21 Wisconsin DOT program.
Name: Dawn Hendrix/Jackie Smith – Full Time Job Title: Benefits Specialist Telephone Number/email Address: <u>262-970-4748/dhendrix@waukeshacounty.gov</u> 262-548-7968/jjsmith@waukeshacounty.gov
Brief Description of Duties: Provides information, advocacy, and representation to County residents sixty years of age and older to ensure receipt of benefits, entitlements, and legal rights; and to perform other duties as required.
Name: Shannon Fenceroy – Full Time Job Title: Senior ADRC Specialist (Transportation Coordinator)

Telephone Number/Email Address: 262-548-7354/sfenceroy@waukeshacounty.gov Brief Description of Duties: Provides information and assistance, case management, and specialized transportation assistance to individuals and families in need of information and referral services; and performs other duties as required. Duties include Aging Services programming, specialized transportation, information and assistance, options counseling, outreach, long-term care access, functional screens, eligibility preparation assistance, and other duties as required.
Name: Michelle Bertram – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7340/mbertram@waukeshacounty.gov
Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, caregiver assistance and programming.
Name: Ellen Poplawski – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7702/epoplawski@waukeshacounty.gov
Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, lead for Grandparent Parenting Grandchildren Group.
Name: Jennifer Rath – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-896-8539/jrath@waukeshacounty.gov
Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination, member of Waukesha County Hoarding Committee
Name: Yer Lee Yang – Full Time Job Title: Senior ADRC Specialist Telephone Number/Email Address: 262-548-7941/ylyang@waukeshacounty.gov
Brief Description of Duties: Information and Assistance, home visits, client/family assessments, care coordination

4. Context

The County Aging Plan context section sets the stage for the County Plan and describes the issues to be addressed in the rest of the document. The context conveys a clear understanding of the current and future service and support needs of the older residents, and the issues, challenges and opportunities facing the County Aging Unit. When responding to this section please detail the sources of information used to develop this plan. (Sources may include public health data/information, hospital information/data, census data and county and/or tribal surveys).

The County Plan context answers these questions:

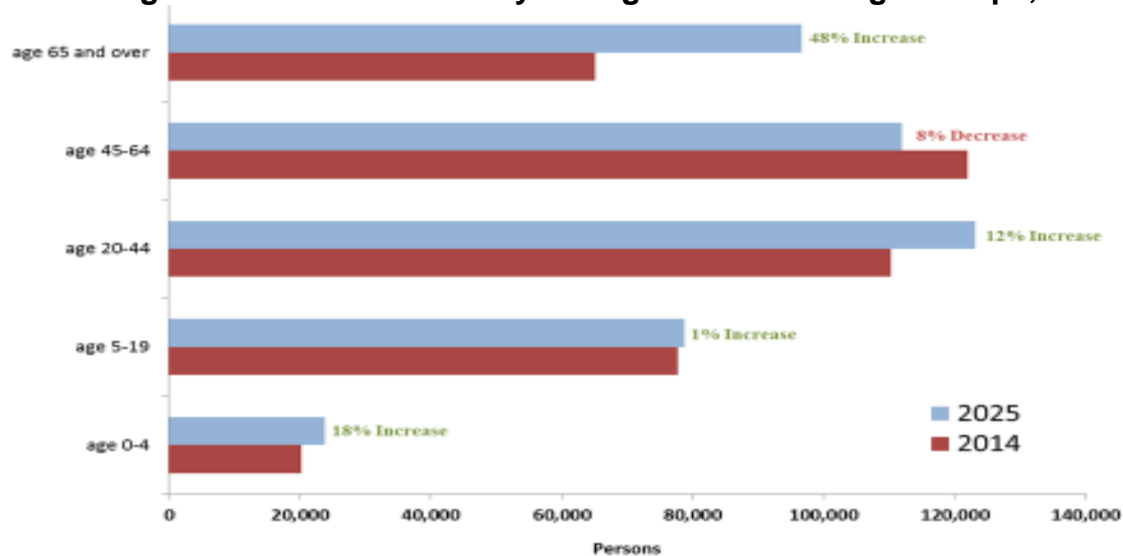
Who are the current and future older persons?

Waukesha County has a population of 398,424 or 6.9% of the population of the state of Wisconsin. Per the 2018 County health rankings, Waukesha County ranks 5th in health outcomes and 2nd in health factors. 17.6% of the population of Waukesha County is over the age of 65, or 70,122 individuals. 50.9% of the population is female and 9.9% of the population live in rural settings (www.countyhealthrankings.org).

The population continues on an upward trend with July 1, 2017 estimates at 400,621 individuals; 18.1% over the age of 65, with a Wisconsin average of 16.5% (www.census.gov/quickfacts).

The median age in Waukesha County increased from 27 years old in 1970 to 43.1 years old in 2014. Waukesha County has an older median age than the State of Wisconsin. Between 2000 and 2010, Waukesha County had significant increases in the 45 to 64 years of age group (35% and the 65 and older age group (28%), due to the aging baby boomer population. Almost one out of every seven people in Waukesha County in 2010 was 65 years of age or older. By 2030, 24.6% of the population will be 65 years of age or older. This equates to almost one out of every four people. Between 2010 and 2025, the population of age 65 and over is projected to increase by 48% in the County (Figure 1). During this same period, the 45 to 64-year age group is projected to decline by 8% due to the smaller in number Generation X. This is a major decline when compared to the trend in the 45 to 64 years of age group that showed a 35% increase as baby boomers continued to age in place between 2000 and 2010. This demographic trend will create a projected decline in the number of people of age 65 and over in the County beginning in about 2040.

Figure 1: Waukesha County Change in Selected Age Groups, 2014 to 2025



Source: UW-Madison Applied Population Laboratory, 2015

Waukesha County experiences slight out-migration of people after retirement, however seniors tend to migrate back to the area in their mid-70s. This net migration trend may be the result of the region's excellent medical and health care facilities, along with being closer to immediate family members. Waukesha County has the lowest percentage of people without health insurance when compared to peer counties in the United States. At 5.1% Waukesha County outperforms all its comparator counties in terms of the percent of the population without health care coverage. Nationally, 28% of Medicare dollars are spent during the last six months of a person's life (Howard, P., 2015. *The Drug-Pricing Dilemma. National Affairs*, 22, 93-106).

In 2020, the 65 and over population is projected to exceed the K-12 school age population for the first time in the County's history. Projections indicate that in 2020, the K-12 school age population will be 79,700 people and the population of age 65 and over will be 80,620 (Wisconsin Department of Administration, 2014). By 2025, projections show that Waukesha County will have 96,630 residents of age 65 and over (UW-Madison Applied Population Laboratory, 2015). The number of people residing in the County of age 65 and over in 2030 is projected to be 111,061.

Gender and Life Expectancy

The life expectancy for females in the United States is 81.2 years old and for males it is 76.4 years. This results in a larger population of females in the County of age 65 and over. For example, in 2010, the County had 31,657 female residents of age 65 and over and 24,031 male residents of age 65 and over. Females in the County made up 56% of the population of age 65 and over and 68% of the population in the County of age 85 and over. Projections show that by 2025, the number of people of age 85 and over in the County will reach 13,130 (UW-Madison Applied Population Laboratory).

Table 1: Waukesha County Population: Age 65 and Over, 2010-2025

Year	2010	2020	2025	2030
Population	55,688	80,620	96,630	111,061

Source: Wisconsin Dept. of Administration and UW-Madison Applied Population Laboratory, 2015

Age 65 and Over Community Concentrations

In 2010, 68%, or almost 2/3 of people age 65 and over in Waukesha County lived in cities (Waukesha, Brookfield, New Berlin, Menomonee Falls, Muskego, Pewaukee, and Oconomowoc) and the largest village (Menomonee Falls) in the County (Table 2). These communities made up approximately 61% of the County's total population in 2010. The total number of people of age 65 and over in these municipalities was 38,403. The total number of people of age 65 and over in the County in 2010 was 55,688.

Table 2: Waukesha County Municipal Aging Data, 2010

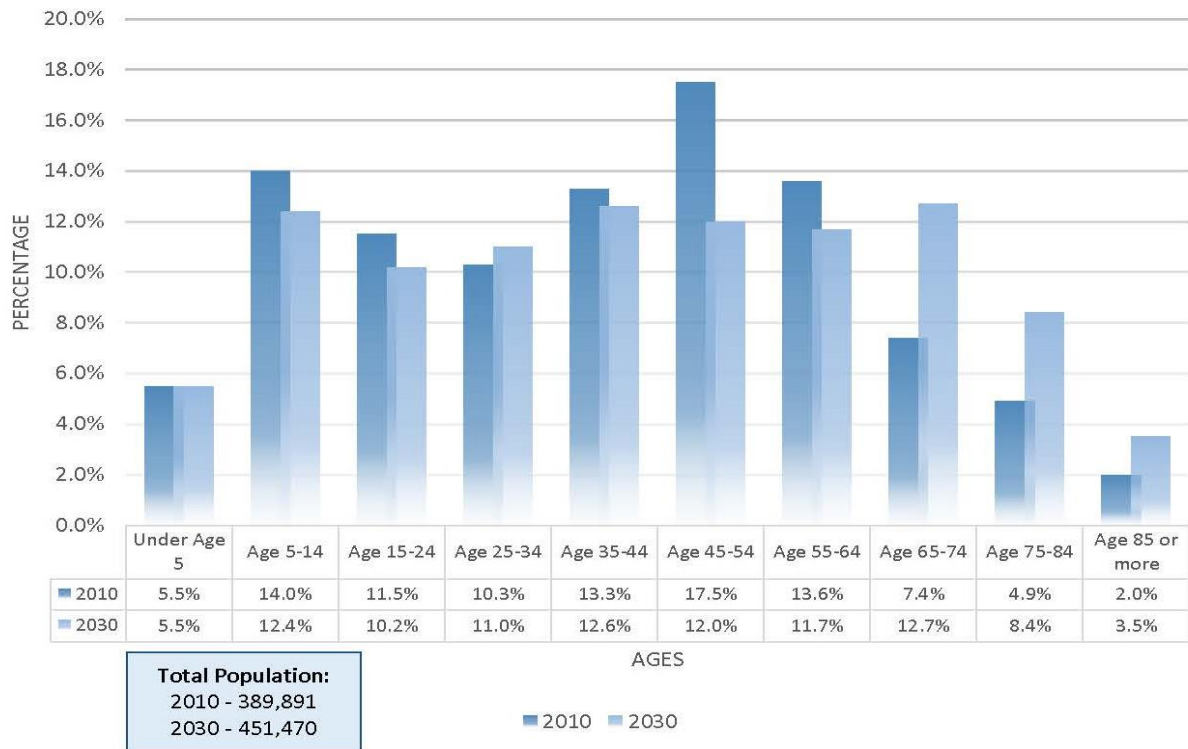
Municipality	Median Age	Age 45-54	Age 55-64	Age 62 and Over	Age 65 and Over
Waukesha	34.2	9,746	7,685	9,526	7,478
Brookfield	46.7	6,691	5,604	8,956	7,538
New Berlin	44.9	7,196	5,851	6,691	8,169
Menomonee Falls	43.3	6,243	4,320	7,484	6,335
Muskego	42.4	4,527	3,321	3,120	3,990
Oconomowoc	38.6	2,226	1,754	2,777	2,319

Source: U.S. Bureau of the Census, 2010

Of these communities, the City of Brookfield had the highest median age 46.7 years of age. This means that half of the population in Brookfield was under 46.7 years old and half of the population was over 46.7 years old. The City of Waukesha had the youngest median age of any community in the County in 2010 at 34.2 years old. The city of Waukesha also has the most diverse population with an increasing Hispanic population.

In 2010, the City of New Berlin had the largest number of residents of age 65 and over with 8,169. The City of Brookfield was second highest with 7,538 residents of age 65 and over. The City of Waukesha was a close third with 7,458 resident of age 65 and over. The large populations in the age 45 to 64 and age 55 to 64 age groups offer evidence for the substantial projected growth in Waukesha County by 2020 and 2030 (Figure 2). In 2010, the 45 to 64 age group made up 17.5% of the County's population. By 2030, this age group is projected to be about 12% of the County's population. As mentioned previously, this will result in a projected decline in the 65 and over population beginning in about 2040.

Figure 2: Waukesha County Age Distribution Comparison: 2010 Census to 2030 Projection



Source: U.S. Bureau of the Census, 2010 and UW-Madison Applied Population Laboratory, 2015

Data Highlights:

The population of age 65 and over will make up almost 25% of the county’s population by 2030. There are more women than men in this age group due to women living longer than men. When comparing Waukesha County on key data measures compared to national averages, we find that:

- Average life expectancy for Waukesha County is 81.6 years compared to a national average of 77.9.
- 83.9% of Waukesha County Medicare beneficiaries have had a recent primary care visit vs. 81.9% nationally,
- There is an 8% cancer prevalence among Waukesha County Medicare beneficiaries vs. 7.1% nationally.
- There is a 24.7% prevalence of heart disease among Waukesha County Medicare beneficiaries vs. 26.2% nationally.
- 15% of Waukesha County Medicare beneficiaries have a diagnosis of depression vs. 16.3% nationally.
- There is a 68.7% shortfall of affordable housing vs. 65.9 nationally.

What needs have been identified?

In 2017, the ADRC made over 36,000 contacts with consumers - an increase of 14% over 2016 – this is an average of 3000 contacts per month. Through these contacts with consumers, as well as survey results from our Advisory Board and staff, the ADRC has identified many areas of unmet need. Each spring, the ADRC presents the unmet needs to the Waukesha County Health and Human Services Board. These are the needs identified:

- Dental providers willing to accept MA as payment or willing to provide low cost dental care
 - Staff work to identify options for consumers
- Accessible and Affordable Housing –
 - ADRC Management continues to educate the community and elected officials about this need
- Support Services to family and informal caregivers
 - Top concerns:
 - Keeping loved ones they are caring for safe
 - Ensuring loved ones they are caring for have meaning in their lives
 - Managing their own personal health concerns
 - Finding time for themselves
 - Balancing a job, a family and the role of caregiving
- Transportation options
 - The two most transit-dependent groups in the community are adults aged 75 and older, and individuals with a disability
 - Seeing increased requests and need in three specific areas:
 - Medical appointments and other medical/dental needs
 - Nutritional access – to meal sites, grocery stores and food pantries
 - Personal or Social Outings – such as hair appointments, family gatherings, community center activities, get togethers with friends and so much more
 - Continue to see ‘gaps’ within existing Transportation Options.
 - Response/availability time between the request and the availability of a provider to meet that request
 - Pockets within the County without transit access
 - Consumers ability to pay for needed transportation
 - The provision of cross-county and cross-boundary transportation
- Combating social isolation
 - One of the biggest challenges facing the community’s aging and disabled populations is the prevention of social isolation
- Medical and non-medical in-home care services
 - While this was identified as an unmet need for older adults, this concern is just as relevant to adults with disabilities

- We are seeing a growing demand for these in-home services and at the same time seeing shrinking capacity within the provider network due to work-force shortages

Additional needs identified in our community:

- Substance use and misuse in the elderly
- Lack of balanced nutrition
- Need for increased and improved services and community acceptance for those with Alzheimer's Disease or dementia diagnosis
- Addressing gaps related to adults at risk/crisis response including risk of elder abuse, self-neglect, financial abuse
- Medication management
- Home and neighborhood safety and security

How is the aging network organized to support older persons in the county?

In April of 2008, the Waukesha County Department of Senior Services merged with the Long Term Care Division of the Waukesha County Department of Health and Human Services to form the Aging and Disability Resource Center of Waukesha County (ADRC). As an ADRC, the customer base expanded to include adults with disabilities and mental health concerns. In January 2010, the ADRC became a division of the Department of Health and Human Services and Adult Protective Service (APS) became a unit within the ADRC. The Health and Human Services merger also included Veterans Services, which is currently located down the hall from the ADRC. Existing services were enhanced by the expansion of information and assistance services, expanded benefits counseling, emergency referrals, case management, health promotion, prevention, and early intervention program, long-term care options counseling, financial and functional eligibility screening, and enrollment counseling. If an individual is eligible for a publicly funded long-term care program and chooses to enroll in Family Care, IRIS, Pace or Partnership, the ADRC will enroll the person in one of these programs. The ADRC continues to partner with community organizations to provide services and information to the citizens of Waukesha County.

In October, 2013 the ADRC relocated to a newly constructed Human Services Center which created a warmer and more welcoming environment for our staff and consumers. The ADRC of Waukesha County has a separate lobby and reception area where walk in customers can be served in a warm and welcoming environment.

Advocacy is at the core of ADRC operations. The ADRC's mission includes provision of "information, assistance, and education to promote independence and improve quality of life." Case managers, information and assistance staff, and support staff provide issue-related advocacy information to clients. The ADRC Resource Guide aids individuals in self-advocacy and includes a section on organizational advocacy contacts as well as contact information for legislators and representatives. The ADRC includes advocacy information on exhibit display boards, portable display boards, and in all general presentations about available services. The ADRC Manager is a member of the Aging and Disability Professional Association of Wisconsin's

Advocacy Committee and shares pertinent advocacy issues with appropriate individuals or agencies. The ADRC Manager regularly coordinates advocacy concerns and issues with the Waukesha County Legislative Policy Advisor, the ADRC Advisory Board, Health and Human Services Board and Committee and other agencies.

The ADRC receives advocacy alerts and information from the Administration on Community Living (ACL), other federal and state agencies and disseminates this information to consumers.

The ADRC is an active partner in the Waukesha County Nutrition Coalition, which works to prevent hunger and food insecurity. Staff also participates in many committees in the community, the area Immunization and Emergency Preparedness committees, the Public Health Advisory Committee, which works to promote health and wellness, and prevent crises. The ADRC leaders represent the aging population on numerous community committees including caregiver support, transportation initiatives, fall prevention, Interdisciplinary Team, (I Team), Dementia Friendly Community Coalitions, Financial Abuse System Improvement workgroups and others.

The ADRC manager and coordinator participate in the Aging and Disability Professionals Association of Wisconsin (ADPAW), and the Nutrition and Transportation Supervisor is a member of the Wisconsin Association of Nutrition Directors (WAND), both of which provide advocacy opportunities to better serve our clients.

The Health and Human Services Board and Committee, the ADRC Advisory Board, and Nutrition Advisory Council members review and participate in advocacy opportunities to improve the quality of life for older persons and persons with disabilities in Waukesha County. The ADRC will continue to work with GWAAR to provide appropriate advocacy training opportunities for board and council members, and for older adults.

The ADRC also works with the state Ombudsman, Wisconsin Counties Association, Wisconsin Counties Human Services Association, and Disability Rights Wisconsin to help ensure a better quality of life for older adults and adults with disabilities.

How are older persons supported by the Aging Unit and ADRC through programs and services?

The ADRC of Waukesha County is an integrated model with the inclusion of Aging Services, ADRC, Adult Protective Services (APS) and transportation services in this division.

The aging unit for Waukesha County is the Aging and Disability Resource Center of Waukesha County. The ADRC:

- Helps individuals conserve their personal resources, health and independence.
- Reduces the demand for public funding for long-term care by delaying or preventing the need for potentially expensive long-term care.

- Provides a welcoming, accessible place where older adults and adults with disabilities can go for any information, advice, and help in accessing services.
- Provides one central source of reliable and objective information about a broad range of community resources of interest to elderly individuals and individuals with disabilities.
- Helps individuals to understand the various long-term care options available to them.
- Enables individuals to make informed, cost-effective decisions about long-term care.
- Helps individuals apply for eligibility for programs and benefits, and use their community's resource.
- Serves as a single access point for publicly funded long-term care.

Calls from consumers are answered by one of four Information and Assistance Workers who triage calls. Walk in customers are greeted by reception staff and a staff person assigned to "walk in" duty meets with the individual. The staff determine the needs of the consumer and will either assist the individual or make a referral to one of the specialty areas in the ADRC. These specialty areas include Aging Services, Elder Benefit Specialist, Disability Benefit Specialist or Dementia Care Specialist. Consumers are offered a home visit and if the consumer accepts, an appointment is made. The staff will provide options counseling, either on the phone or in person and assist the consumer with developing a care coordination plan. Depending on the needs of the consumer, services are offered to enable the consumer to remain safe in their residence as a first priority. These services may include home delivered meals, participation in senior dining centers, in-home personal care, homemaker, caregiver support or assistance for an individual with dementia. Aging Services staff are knowledgeable about the Aging Services program and assist with setting up services that are appropriate for the consumer's needs. Caregiver support is provided and the assessment of the care unit is completed. All ADRC Specialists, Social Workers, and the Dementia Care Specialist are trained to conduct memory screens. If a consumer has a positive result, the individual is recommended to visit their personal physician. Our dementia care specialist works closely with the staff and community members to provide additional support to individuals.

The ADRC is involved in a number of initiatives in the community for dementia care. We support a number of community dementia-friendly community coalitions, and conduct numerous dementia business trainings to raise awareness in our community.

What are the critical issues/trends and future implications?

Critical issues related to older adults identified through the ADRC's strategic planning process/needs assessments/surveys include:

Caregiver support:

- Additional funding to expand support service offerings to those caring for adults with disabilities

- Earlier identification of a caregiver/care receiver – viewing them as a care unit
- Earlier identification of care giver areas of concern
- Enhanced care planning for caregiver support services
- Educating employers on the impact that family caregiving has on an employee and what it costs the company with increased employee absenteeism & greater health care costs

Transportation:

- Additional service provider and funding capacity to meet the current and future demand across all three transportation sectors: medical access, nutritional access, and personal or social outings
- Encourage and support community initiatives to supplement what current funding is able to provide

Social Isolation:

- The AARP Foundation's Connect2Affect has called social isolation a “growing health epidemic” among older adults . It equates the health risks of prolonged isolation with smoking 15 cigarettes daily and has been linked with a wide array of health problems including cognitive impairment, diabetes, hypertension, arthritis, and mortality.

Non-medical in home supports for care units:

- Workforce capacity issues to meet the demand
 - The effects of this supply and demand imbalance have resulted in:
 - New limitations on services (for example imposing service hour minimums)
 - Increased costs for these services
 - Longer wait times to begin in-home services such as bathing and homemaking
 - Longer wait times for geriatric assessment appointments for individuals suspecting dementia
- Advocacy and education to encourage people entering the medical services sectors to specialize/focus on the needs of older adults and those with disabilities
- Enhanced supportive assistance to the family and informal caregivers to enable them to continue to provide their vital supports
- More funding to meet the demand for services within the current provider ‘realities’

Housing:

The need for affordable senior housing, assisted living, in home care, and other care facilities. With continued growth in life expectancy and a projected population of over 13,000 residents living in the County that are 85 years of age and over in 2025, communities must be prepared to meet their needs.

What are the challenges for the Aging Unit?

One of the major challenges for the Aging Unit is the rapidly growing population in the County of age 65 and over through 2030. It is imperative that we work collectively with community partners to engage an ‘aging in place’ philosophy that allows individuals the opportunity to lead

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a quality life. As this population continues to increase, the county will be challenged with providing quality service with limited grant funds. The county will have more people to serve with the same amount or less dollars available.

Adults/Elders at Risk:

Waukesha County has experienced an increase in calls of concern for adults at risk and elders at risk. As these calls of concern increase, staff time and expertise to conduct assessments and investigate these situations is becoming an increasingly greater need. As consumer situations and needs increase, the staff experience increased challenges in developing a safety coordination plan. Calls regarding financial abuse have increased and currently are approximately 25% of all adult at risk/elder at risk calls. This increase has created a need for staff education and awareness as well as a need to educate the community. The ADRC has worked closely with banking institutions to provide education on awareness and early detection of financial abuse situations.

Increased Dementia Care Needs:

As people live longer, the number of individuals with dementia naturally increases. In Waukesha County, the prevalence of Alzheimer's Disease was 8,544 cases in seniors over the age of 65 in the year 2012. The Alzheimer's Association estimates an increase of 49% or 12,742 by the year 2030. Results of the 2018 Public Health Community Health Improvement Plan and Process (CHIPP) indicate that Alzheimer's Disease is the fifth leading cause of death in Waukesha County, an increase from the eighth leading cause of death in the year 2000.

There is a continuous need for outreach, education and care coordination for the individual and their caregiver. The long-term care workforce crisis creates a challenge to the aging unit.

Caregiver Support:

According to the Family Caregiver Alliance, the national average age of a caregiver is age 48. Many caregivers are themselves older, with caregivers who care for someone age 65+ being an average age of 63. An estimated 66% of family caregivers are female. Most caregivers are married and working outside the home.

Caregivers of people with Alzheimer's and other dementias provide care for long periods of time, with 43% providing care for 1-4 years, and 32% providing care for five or more years. According to the Alzheimer's Association, more than 60% of Alzheimer's and dementia caregivers rate the emotional stress of caregiving as high or very high, with one-third reporting symptoms of depression.

According to the National Alliance for Caregiving and AARP, the top areas of concern to caregivers are: keeping their loved one safe; managing their own stress; finding easy activities to do with their loved ones; and finding time for themselves. These increases in the need for caregiver support as well as grant eligibility requirements have created a significant increase in the time involved in assessing an individual and developing a care coordination plan. The staff acknowledges improved care provided to the caregiver as a result of these assessments.,

Volunteer Recruitment and Retention:

Waukesha County is fortunate to have over 800 volunteers dedicated to the programs funded through Aging Services. Without these volunteers, the County would not be able to provide the services offered to county residents. The challenge remains in the need to continuously recruit and recognize the volunteers who do this exceptional work. As our volunteer force ages, the ADRC is experiencing a decline in volunteerism. The ADRC is diligent and continues to conduct outreach efforts and looks to new opportunities for our volunteers.

What are the resources and partnerships? (Describe how resources are shared and how partners interact to meet the needs of older adults.)

Collaboration and partnership is necessary to meet the needs of the growing number of older adults. ADRC resources include:

- Federal and state grants
- Local funding
- Community partners
- Non-profit and for-profit organizations
- Faith based organizations
- Other county departments
- Support of the County Executive and County Board of Supervisors
- Volunteers
- Staff – provide an excellent knowledge base, as well as diverse experiences

The ADRC is involved in numerous local initiatives including collective impact projects to meet the needs of older adults in our community:

- The Caregiver Coalition
- Caregiver Connection
- Find A Ride Network
- Heroin Task Force
- Zero Suicide Initiative
- Dental Coalition of Waukesha County
- I Team
- Financial Abuse System Improvement Work Group
- Dementia Behavioral Crisis Intervention Work Group
- Dementia Friendly Community Initiative
- Dementia Business Training
- Medical Examiner's Elder Review Committee
- Public Health Advisory Committee
- Waukesha County Hoarding Committee
- ERAs Advisory Council
- Waukesha County Nutrition Coalition

The ADRC of Waukesha County partners with local hospitals on a number of initiatives to improve the health and life of county citizens. The following initiatives have been included in the hospital health plans to improve the lives of seniors in our community:

Aurora Summit:

- Provide Summit Senior Breakfast Club to residents, including a free breakfast and presentations on health topics related to chronic disease and healthy lifestyle choices
- Ensure access for seniors and persons with disabilities who lack transportation in the Oconomowoc area where public transportation is minimal
- Partner with Aging and Disability Resource Center to promote and teach Stepping On program, and evaluate participation rates for previous programs; examine alternative approaches to fall prevention, such as the evidence-based A Matter of Balance
- Assess patients in the ED for fall risk; refer to primary care provider and physical therapy as appropriate

Community Memorial Hospital:

Conduct routine evidence based health prevention and management programs (Living Well with Chronic Conditions, Community Education Programs etc.)

Pro Health Care, Inc. (Oconomowoc Memorial Hospital/Waukesha Memorial):

- Develop a Senior AODA program — An intensive outpatient program for substance abuse
- Provide a free chronic pain self-management program — An evidence-based multi-week workshop addressing positive lifestyle changes supporting those living with chronic pain
- Develop targeted programming for seniors that combines socialization, health screenings, healthy eating and education on a variety of topics vital to senior health and well-being
- Expand offerings of free, evidence-based community education programs addressing needs associated with the aged
- Conduct professional education events aimed at elevating knowledge and adoption of best practices in health care for older adults
- Expand certification program aimed at providing education to clinical nursing staff on issues related to the care of older adults
- Dementia-friendly training – Educate staff and the community by increasing awareness and understanding of dementia-type diseases, decreasing the stigma of the disease
 - (<https://www.improvingwihealth.org/organizations.php>)

These close relationships/partnerships with health care providers are a collective impact model that enrich the lives and improve health outcomes for seniors in our county.

5. Public Involvement in the Development of the County Aging Plan

Please use the [Public Input Report form](#) to explain how you gathered information and ideas from the public prior to developing your plan. Attach completed forms to the plan.

Public Input Report

Complete one worksheet for each separate method of public input used. i.e. 12 interviews conducted can be compiled on one sheet.

Your County or Tribe: Waukesha County	Your Name and Email: Lisa Bittman; <u>lbittman@waukeshacounty.gov</u> Mary Smith; <u>mcsmith@waukeshacounty.gov</u>
Type of Public Input: <input checked="" type="checkbox"/> Community Forum or Listening Session <input type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): <hr style="border: 0; border-top: 1px solid black; margin-top: 5px;"/>	
Date/s of Event or Effort: 5/3/18 - ADRC Advisory Board - 9; 5/18/18 Brief session as an add-on to a Community Presentation - 5; 6/1/18 ADRC Staff - 8; 6/6/18 Aurora Summit Breakfast Group - 57; 6/6/18 Sussex Civic Center; 6/11/18 Stoney Creek Adult Living (Muskego) - 10; Hampton regency Apartments (Butler) - 16;	
Number of Participants or Respondents: 105	
Key Issues Discussed: Advocacy, Services to people with Dementia, Healthy Aging, Nutrition, Supports to Caregivers; Transportation, Social Engagement, Technology Use, Alcohol and Substance Use/Misuse; Service Awareness	
Key Takeaways/Findings: <u>Advocacy:</u> <ul style="list-style-type: none"> ● Varied interest in 'doing' legislative advocacy ● Varied knowledge of the issues that may affect them ● Would like to be kept abreast on issues related to Aging <ul style="list-style-type: none"> ○ currently hear from peers or what the news wants us to know ● How-to Tip sheets: how to find out who their legislators are; how to write a letter, make a call or conduct an in-person visit 	

- Encourage Advisory Board to get more involved
- Include some of the how to's in our resource guide and ADRC monthly newsletter
- Form a group to discuss current issues
- Things ADRC should advocate for:
 - affordable prescription meds
 - more social workers/service navigators/coaches
 - more funding for services

Healthy Aging:

- Interest in Disease progression/expectations
- Fall Prevention - better balance - Brain Health - Life balance - Learning in Retirement classes - Nutritional - chair exercises
 - Hospitals offer a lot of this - can we partner with them better?
- Provide more train the trainer opportunities for community organizations to take more responsibility to offer EBPP
- I need the motivation to 'just do it'
- Some "how to" or tip sheets related to exercise, safety in the home
- Create a list of community locations available for public walking
 - maybe partner with them to offer EBPP
- Dental needs
- More fact sheets

Services to people with Dementia:

- Need to decrease the stigma attached
- More Dementia Friendly/Capable Communities
- Joint Caregiver/Care receiver bathrooms needed
- Educate the people around them (family, friends, community) about the disease so that the person with dementia can have a better life
- Medication monitoring/assistance
- Educate caregivers related to:
 - legal options
 - grief and loss and how to process those emotions
 - disease progression and what to expect
 - wandering
 - behavioral challenges
 - coping skills
 - how to provide hands on services?
 - how to create a supportive environment?
- CG support groups
- CG needs relief so that they can live too
- CG needs to monitor care for their own health
- Continue Dementia Friendly Business - this allows for reduced stigma and more opportunities for the Care Unit to be out together
- Share the lists of DFB
- Create more Care Unit social options
 - create safe spaces that are accessible

Supports to Caregivers:

- More outreach to increase general awareness of Caregiving
- Need a 24/7 'Connection' line / Hotline
- Someone to talk to - someone to just listen
- Someone to guide through the caregiving journey - preferably someone with 'lived' experience
- Education on:
 - The diseases their Care Receivers have - expectations for the future
 - Self-Care
 - Safety in the home/safety evaluations
 - Navigating financial and/or legal issues
 - How to have difficult discussions with the care receiver
 - The physical assistance they are providing
 - bathing - basic transfer techniques –
- Need to eliminate the run around - need a central place to call - not another phone number or piece of paper
- Make it easier to connect to resources
 - Respite - not just money, but help with service arranging
 - Need for 'on-call' respite providers for in the home
 - In-home beauticians
 - Lists of information related to Respite or in home supports
 - Do not just hand out the Resource Guide - sometimes that is too overwhelming
- Create Peer to peer supports
- How to create a back-up plan (in case something happens to the caregiver)
- General increased awareness of what is already available
- Differing support needs between the CG needs that sort of creep up over time and those that happen immediately because of some medical crisis
- Recognizing the Care Unit
- Navigating hospital discharges - the quick turn around and needs after discharge
- Develop a guide for care suggestions

Nutrition:

- Cong sites
 - More than a meal - also huge Socialization component
 - Add structured programming before and/or after the meal time
 - Need more people to attend
 - perhaps more outreach to the Food Pantries, churches, senior living places
 - more frequent, short educational offerings
 - hard to be a new person - need some way to 'join in'/ be accepted by others ice breakers - some way to get to know others in the room
 - "bring a friend" days

- More intergenerational activities
- Partner with agencies to offer monthly BP checks
- People do not attend because of the stigma of 'old people' or 'welfare'
 - need to do outreach to reduce this stigma
- Use placemats for information sharing
- Have caregivers/care assistance at the sites
- Can we have the restaurant model?
- How to make each day like a special outing?
- Better transportation - increased awareness of trans options/cost
- Cong and HDM -
 - More social interaction/inclusion - "Question of the day/week" idea
 - More seasonally appropriate meals - no chili in the summer!
- HDM - Not sure who to call with concerns/changes
 - Can this be the driver?
 - Could they get a contact card with their meals?

Transportation:

- Affordable Specialized trans and ambulatory trans
- Spec trans options for those with dementia
- Want to be able to visit friends/attend social outings
- To go to medical; errands, social events, family functions, concerts, the zoo, to visit in Assisted Livings or NHs
- Spec trans and ambulatory trans available in all parts of the County
- Taxis that can assist with putting the WC or walker in the car
- Consumers depend on family, friends, volunteers for transit needs
 - Use taxi and medical vans if other options not available

Social Engagement:

- Friendly visitors - in person and/or telephonic
- Need 'brick and mortar' places for people to go (ie: Senior/Community Centers)
- Figure out how to incorporate social connections through technology
 - Maybe teach 'how to' use email, FB, Facetime, etc.
- Host some 'parties'
- The younger-old want to be entertained
- More Social Opportunities geared to Older Adults (ie: Dances, card games, puzzle places, bingo, gardening, more outings, etc)
 - Maybe partner with other community organizations
 - Affordable transportation to get there

Technology Use:

- Many used the computer and/or Smart phones
 - To call, text, email, search for things, FB
- Education on tech use
 - Emailing, texting, Google searches, games, maps, Facebook

Alcohol and Substance Use/Misuse:

- More education on the side effects of medication
- More education on the potentials consequences of mixing meds and alcohol
- Education for caregivers
 - Warning signs to watch for/early identification
 - How to handle behaviors
- Pain Management options to medication
- Need for identifying the underlying issues

Service Awareness:

- Continually heard “I wasn’t aware of that”

Other:

- Closer alignment with Hospital DC Planners
- Help to those in NH - they sometimes feel stuck in the NH
- Pet care info
- Housing where pets are allowed
- Information on renter rights
- Create/share list of senior discounts available in the community
- Education about POA HC and how to activate/deactivate it
- Education about supported decision making

Any Planned Response?

1. Share all of this with Advisory Board, Staff, DCS, Marketing
2. Make adjustments to current operations and protocols
3. Set AUP Goals to address some of this

Public Input Report

Complete one worksheet for each separate method of public input used. i.e. 12 interviews conducted can be compiled on one sheet.

Your County or Tribe: Waukesha County	Your Name and Email: Lisa Bittman; lbittman@waukeshacounty.gov Mary Smith; mcsmith@waukeshacounty.gov
Type of Public Input: <input type="checkbox"/> Community Forum or Listening Session <input type="checkbox"/> Focus Group Discussions <input type="checkbox"/> Structured Interviews (with individuals) <input checked="" type="checkbox"/> Paper or Internet Survey <input type="checkbox"/> Other (please describe): _____	
Date/s of Event or Effort: Survey forms were distributed in April and May of 2018 at 3 Senior Dining Centers; through 4 locations of HDM; at all Community Guided Conversation Sessions; and at local senior/community centers. The survey was also accessible via an on-line link that was shared in our ADRC June Newsletter and also distributed to the ADRC Advisory Board for their further disbursement/sharing. The link to the on-line survey was also tweeted by the Waukesha County HHS Communication Coordinator and placed on the ADRC webpage.	
Number of Participants or Respondents: 178 completed surveys	
Key Issues Discussed: Advocacy, Services to people with Dementia, Healthy Aging, Nutrition, Supports to Caregivers; Transportation, Social Engagement, Technology Use, Alcohol and Substance Use/Misuse; Service Awareness	
Key Takeaways/Findings: <u>Advocacy:</u> <ul style="list-style-type: none">● No shared definition<ul style="list-style-type: none">○ Advocacy means to support or back a cause○ Another person speaks for me○ Being a voice/helper for one or more people○ Having methods to reach those who run programs that benefit others and give them a voice to help improve the programs for the masses (group)○ Helping others	

- Public support of a cause or policy. Speaking and acting on behalf of myself or others
- What would help you to be more engaged in Advocacy efforts?
 - Ask my opinion- ask the people who are using the service what they like or dislike
 - At my age all I can do is donate money to charities
 - Advertising
 - Better informed/increased awareness
 - Having things mailed to me with things available to me
 - Education
 - Knowledge of advocacy needs
- What would you like to know? How would you like to be kept informed?
 - Brochures, seminars, mailings, occasional e-mail, local paper(insert) post office notice pick and save(grocery) bulletin boards, church bulletin boards, Park Rec Magazine/book, texts, in the newsletter, mailers, newspaper inserts

Services to people with Dementia:

- What are their concerns (for the person with Dementia)?
 - Ability to continue what they like
 - Aloneness, frustration to make needs known
 - Help for caregiver
 - Every little thing
 - Fear/Getting worse
 - Going to nursing home
 - How to get her husband to understand and accept her limitations.
 - How to survive
 - Loneliness, boredom
 - No one appreciates them for all they do
 - Safety, changes they are noticing
 - That he has activity in his life
 - To have others just spend time with them, to listen, to understand - not to pity
- What are the concerns of their family or caregivers?
 - Finances
 - Ability to continue care
 - All the extra time needed to support the frustrations of dementia
 - Being alone, lack of cooperation, need talking to others
 - Good care
 - How to care for them in the safest way
 - Knowing what to expect before things get out of control
 - How to deal with them when they are out of control and unreasonable
 - Keeping track of them continuously
 - Leaving her alone for any amount of time to grocery shop, etc.
 - Not enough time and burnout
 - Not knowing how to help them

- Not making the best or right decisions for themselves.
- They are missing out on living fully
- Safety, health services/support
- The health of the caregiver when it is time to seek care outside of the home
- What to do to help the situation and how to handle the different phases as the disease progresses
- What services/supports are missing in our community?
 - Adult day care services for dementia care
 - Affordable wheelchair transport
 - Care without huge expense and burden on family
 - Guidance and advice for caregivers
 - Social workers trained in Dementia Care
 - Transportation
 - Acceptance in the community

Healthy Aging:

- What are your concerns about your current or future health?
 - Being able to stay active
 - Better mobility
 - Cost
 - Dementia, heart, cancer issues
 - Being able to drive/ driving to store and appointments
 - Energy, transportation, help at home, staying active
 - Falling
 - Financial/ That my money won't last
 - Help and companionship
 - How long can we live in our home?
 - Loss of mobility
 - Maintaining my strength and movement
 - Not able to go places
 - Remaining viable
 - Where will I live when I get older
- What type of assistance would be most beneficial to address these concerns?
 - 56% indicated a desire for Educational Classes
 - 57% indicated a desire for One-time presentations
 - 53% indicated a desire for 'fact sheets'

Nutrition:

- Do you attend any of the 10 Senior Dining Centers in Waukesha County?
 - 89% of those surveyed did not attend
- If no - Why have you chosen not to attend?
 - Not needed/ cook for themselves
 - Can't drive/no transportation
 - Didn't know about them
 - Get HDM
- If Yes - Why do you choose to attend the Senior Dining Center?

- Friend invited me
- Nutritious meal
- Friendship/socialization
- If Yes - what else might improve your experience at the Dining Center?
 - More time to play cards
 - More outside speakers
 - Music in dining room

Supports to Caregivers:

- What are the biggest concerns caregivers have?
 - Are they taking care of the patient correctly/competency in caring?
 - Burn out
 - Everything
 - Figuring out how to balance time for everything and still have time for yourself
 - Finances
 - Finding in home help if and when I will need it
 - For my safety
 - Getting to a store or appointment
 - Hearing loss- lack of interest
 - Help to improve- energy
 - How much longer can I do this - need a caregiver
 - Need support and encouragement
 - Patience, understanding with gentleness
 - Support for night off/vacation time
 - Transportation
 - Loneliness
- Who do caregivers confide in?
 - Close friends
 - ADRC
 - Counselors
 - Family members
 - Doctors/professionals
 - Each other
 - Pastor
 - Friends
 - No one
- What supports for Caregivers are missing in our community?
 - 24hr in-home services
 - A resource contact for those who fall between the cracks of low-income and expensive private -pay services
 - An "almost" daily contact (but too much can be a distraction after a while)
 - Availability of outside help and cost
 - Cab service/economical medical (wheelchair) transportation
 - I as caregiver miss some holiday functions. Holiday wheelchair transport

- Emergency/short notice help
- Information
- Maybe a local forum for them to share.
- More educational support for the caregiver or a support system (group)
- Recognition
- Respite care
- Short term 3 or 4 hours' help
- Social workers checking in more often
- Support system
- Thorough training

Transportation:

- If you were not able to drive any longer, what places would you need assistance getting to?
 - 91% indicated transportation to medical appointments
 - 83% indicated transportation to grocery stores/nutrition options
 - 75% indicated transportation to other errands (Bank, pharmacy, etc)
 - 58% indicated transportation to personnel shopping stores (non-grocery)
 - 49% indicated transportation to family/community/social outings
 - other answers included: Church, casino, entertainment, support groups, Vet, parks
- Who would you look to in order to get to these places?
 - 70% indicated family
 - 58% indicated friends
 - 41% indicated volunteer programs
 - 19% indicated bus or para-transit system
 - 29% indicated specialized van transit
 - 27% indicated a taxi
 - 9% indicated Uber/Lyft
 - other answers included: community shuttles

Social Engagement:

- Do you talk/interact with someone most every day? (not counting people selling things)
 - 89% indicated that they did have daily interaction with others
 - Need to factor in 'who' completed these surveys - most were in some sort of community gathering places or HDM individuals that see their delivery person daily
- How do you stay connected to others?
 - Book Club
 - Telephone
 - Participate in rec center/Library activities
 - At Church
 - Cards and bingo where I live
 - Exercise class
 - Coffee Clutch

- Garden Club
- Family events
- Facebook
- Email
- Texting
- Facetime/skype
- ADC
- Senior Center
- ipad
- Smart phones
- Lunch room/meal programs
- 1:1 visits
- Written letters

Technology Use:

- 79% indicated that they regularly use a computer and/or smartphone
- What do you use these devices for?
 - 80% indicated they use for calling/talking to others
 - 66% indicated they use for information searches
 - 63% indicated they use for email
 - 40% indicated they use for Facebook
 - Other responses included: games, texting, reading the news, paying bills

Alcohol and Substance Use/Misuse:

- 57% of those surveyed perceive this as a concern for Older Adults in Waukesha County
- If Yes - what type of assistance would be most beneficial to address these concerns? (check all that apply)
 - 68% felt Educational Classes would be beneficial
 - 68% felt shorter one-time presentations would be beneficial
 - 52% felt fact sheets would be beneficial
 - Other responses included: Advertisements, education to medical providers as to alternatives to prescribing addictive medications, outreach to people and support groups, 1:1 assistance

Other:

- Live-in assistance
- How to hire trustworthy, trained care
- A simple notice of services to include Elder crisis phone #,
- Laptop computer lending
- Single sided to hang on refrig magnet
- Cheaper cell phone service
- Best way to handle the money we have left
- Caregivers need support and advocacy. We may need help and support
- Cooking class for changes in my life
- End of life care
- Advance directives

- Hospice
- I am very concerned for the homeless. Great need for shelters, know if can cause problems but I think it would help them to know they are cared for
- Help with all the government forms I get almost every month.
- Help with landlord issues
- Less rigid meetings (social) for Al-Anon, AA, ect
- More bingo games and social events that encourage outings
- Need more awareness of ADRC resources
- Non driving transportation for those without financial means
- Promote areas where volunteers can help older adults with their needs. Handyman, drivers, etc.
- Transportation is one of my main concerns- for grocery shopping and general needs

Any Planned Response?

1. Share all of this with Aging Unit Supervisors, Advisory Board, Staff, DCS, Marketing
2. Make adjustments to current operations and protocols
3. Set AUP Goals to address some of this

Before submitting the final plan to the Area Agency on Aging (AAA), the aging unit must conduct one or more public hearings on the draft plan. Please use the [Public Hearing Report form](#) to document your public hearings and attach forms to the plan.

6. Goals for the Plan Period
Progress notes to be completed during self-assessment process.

Aging Unit Plan Goals (write at least one goal per focus area per year - add extra boxes as needed – put curser to the left of the box and click the + sign)	Progress Notes (briefly summarize only those activities completed as of Dec. of each year)	check if completed		
		2019	2020	2021
Focus Area 6-A. Advocacy Related Activities				
In order to increase greater awareness of issues with potential impact to those older adults and adults with disabilities in our community, the ADRC will create a standing Advocacy Updates/Action Alerts in our ADRC newsletter by July 31, 2019.		x		
In order to ensure the voices of older adults are heard, the ADRC will conduct a public awareness campaign to “get out to vote”, including absentee voting, for the 2020 Presidential election by June 30, 2020.			x	
In order to increase participant civic engagement, the ADRC will create How-To Tip Sheets to aid consumers in Advocacy efforts by July 31, 2021.				x
Focus Area 6-B. The Elder Nutrition Program				
In order to achieve greater participation in Congregate Dining throughout the County, targeted marketing efforts will be developed and implemented by July 31, 2019.		x		
In order to encourage increased consumption of vegetables by community seniors, the ADRC will promote and provide activities and opportunities for clients to participate in the Waukesha County CHIPP’s Eat Well, Move Well Waukesha County vegetable promotion program by December 31, 2019.		x		
To enhance social connectedness to homebound older adults receiving HDM, the ADRC will implement a social inclusion initiative modeled off of UWM Professor Anne Basting’s ‘Question of the Day’ by December 31, 2020.			x	
To allow new diners to better integrate with existing diners pilot a welcome committee at three dining centers with the goal of increasing ongoing participation throughout the year; to be completed by July 31, 2021.				x

Focus Area 6-C. Services in Support of Caregivers				
In order to continue to address the complex needs of working caregivers, the ADRC will partner with the Waukesha County Business Alliance to present to local businesses HR Departments the availability of Caregiver Support Services; to be completed by November 30, 2019.		x		
In order to increase referrals to the Family Caregiver Support Program, the ADRC will develop and pilot a communication referral process with a community based organization; to be completed by December 31, 2020.			X	
In order to combat loneliness and isolation in caregivers, the ADRC will explore a collaboration with a community agency for the development of a Peer to Peer Support Network by December 31, 2021				x
Focus Area 6-D. Services to People with Dementia				
In order to address the growing need of support for individuals with dementia in the community, the ADRC will assist in providing the guidance for the development of 1 new Dementia Friendly Community Coalition by December 31, 2019.		x		
In order to support individuals newly diagnosed with Alzheimer's disease or other dementias, as well as their caregivers and families, the ADRC will work in collaboration with Pro Health Care providers to develop a communication referral process for these individuals to connect to the ADRC; to be completed by September 30, 2020.			x	
In order to promote the expansion of dementia friendly communities and support individuals with dementia living in the community the ADRC will provide a minimum of 6 dementia friendly business trainings by December 31, 2021.				x

Focus Area 6-E. Healthy Aging				
In order to promote physical exercise, increase mood and decrease isolation, the ADRC will create and have available for distribution a listing of community walking locations, explore incorporating an additional evidence based prevention program focus on physical activity by December 31, 2019.		X		
In order to increase community awareness and knowledge, ADRC will offer four(4) one-time community presentations with focus on Brain Health, Physical Health, maintaining positive Mental Health and In-home Safety by December 31, 2020.			X	
In order to provide more socialization for people who have difficulty getting out in public, the ADRC explore the self-directed volunteer model to pilot a Telephone Friendly Visitor Program. This program will utilize volunteers to make weekly calls to older adults who have been identified as needing increased socialization by December 31, 2021.				X
Focus Area 6-F. Local Priorities				
Substance Use In order to increase awareness about the danger of mixing prescription drugs and other substances the ADRC, In partnership with Heroin Task Force agencies, will distribute Dose of Reality materials via our interactions with consumers by December 31, 2019	○	X		
Mental Health In order to increase identification of warning signs for suicide in older adults, a minimum of 80% of ADRC staff will complete QPR (Question, Persuade, and Refer) training; to be completed by December 31, 2020.			X	
Transportation In order to maximize all opportunities to enhance transit options for older adults that no longer drive, the ADRC will partner with other community organizations to promote new transit initiatives by December 31, 2021.				X

For Assessment Only

Part IV: Progress on the Aging Unit Plan for Serving Older People – National Family Caregiver Support Program (NFCSP)

This section is not required for tribal aging units.

Minimum Service Requirements: The minimum service requirements of NFCSP must be provided by the aging unit or contracted with another agency. Please indicate who provides these services.

Service	Aging Unit (X)	Other Agency (please list)
Information to caregivers about available services		
Assistance to caregivers in gaining access to the services		
Individual counseling, support groups, and training to caregivers		
Respite care		
Supplemental services (e.g., transportation, assistive devices, home modifications, adaptive aids, emergency response systems, supplies, etc.)		

Caregiver Coordination: To ensure coordination of caregiver services in the county, the aging unit shall convene or be a member of a local family-caregiver coalition or coordinating committee with other local providers who currently provide support services to family caregivers.

<p>Does the aging unit belong to a local caregiver coalition?</p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Name of Coalition: _____</p> <p>If YES, please provide a brief update on coalition activities conducted each year.</p> <p>If NO, please explain plan for compliance.</p>	<p>2019 Activities:</p> <hr/> <p>2020 Activities:</p> <hr/> <p>2021 Activities:</p> <hr/>
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7. Coordination Between Titles III and VI

If the county includes part or all of a federally recognized tribe or is home to a significant population of tribal members, describe how the County and Tribal aging units will work together to coordinate and ensure the provision of services to tribal elders. Provide a narrative describing collaboration efforts and goals for each year of the plan.

Progress notes to be completed during self-assessment process.

Provide goals for each year of the plan.	Progress Notes	2019	2020	2021

9. Compliance with Federal and State Laws and Regulations

On behalf of the county, we certify ADRC of Waukesha County has reviewed the appendix to the county plan entitled Assurances of Compliance with Federal and State Laws and Regulations for 2019-2021. We assure that the activities identified in this plan will be carried out to the best of the ability of the tribe in compliance with the federal and state laws and regulations listed in the Assurances of Compliance with Federal and State Laws and Regulations for 2019-2021.

Signature and Title of the Chairperson of the Commission on Aging	Date
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Signature and Title of the Authorized County Board Representative	Date
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10. Assurances

The applicant certifies compliance with the following regulations:

1. Legal Authority of the Applicant

- The applicant must possess legal authority to apply for the grant.
- A resolution, motion or similar action must be duly adopted or passed as an official act of the applicant's governing body, authorizing the filing of the application, including all understandings and assurances contained therein.
- This resolution, motion or similar action must direct and authorize the person identified as the official representative of the applicant to act in connection with the application and to provide such additional information as may be required.

2. Outreach, Training, Coordination, & Public Information

- The applicant must assure that outreach activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources designated area agency on aging.
- The applicant must assure that each service provider trains and uses elderly persons and other volunteers and paid personnel as required by the Bureau of Aging and Disability Resources designated area agency on aging.
- The applicant must assure that each service provider coordinates with other service providers, including senior centers and the nutrition program, in the planning and service area as required by the Bureau of Aging and Disability Resources designated area agency on aging.
- The applicant must assure that public information activities are conducted to ensure the participation of eligible older persons in all funded services as required by the Bureau of Aging and Disability Resources designated area agency on aging.

3. Preference for Older People with Greatest Social and Economic Need

The applicant must assure that all service providers follow priorities set by the Bureau of Aging and Disability Resources designated area agency on aging for serving older people with greatest social and economic need.

4. Advisory Role to Service Providers of Older Persons

The applicant must assure that each service provider utilizes procedures for obtaining the views of participants about the services they receive.

5. Contributions for Services

- The applicant shall assure that agencies providing services supported with Older Americans Act and state aging funds shall give older adults a free and voluntary opportunity to contribute to the costs of services consistent with the Older Americans Act regulations.

- Each older recipient shall determine what he/she is able to contribute toward the cost of the service. No older adult shall be denied a service because he/she will not or cannot contribute to the cost of such service.
- The applicant shall provide that the methods of receiving contributions from individuals by the agencies providing services under the county/tribal plan shall be handled in a manner that assures the confidentiality of the individual's contributions.
- The applicant must assure that each service provider establishes appropriate procedures to safeguard and account for all contributions.
- The applicant must assure that each service provider considers and reports the contributions made by older people as program income. All program income must be used to expand the size or scope of the funded program that generated the income. Nutrition service providers must use all contributions to expand the nutrition services. Program income must be spent within the contract period that it is generated.

6. Confidentiality

- The applicant shall ensure that no information about, or obtained from an individual and in possession of an agency providing services to such individual under the county/tribal or area plan, shall be disclosed in a form identifiable with the individual, unless the individual provides his/her written informed consent to such disclosure.
- Lists of older adults compiled in establishing and maintaining information and referral sources shall be used solely for the purpose of providing social services and only with the informed consent of each person on the list.
- In order that the privacy of each participant in aging programs is in no way abridged, the confidentiality of all participant data gathered and maintained by the State Agency, the Area Agency, the county or tribal aging agency, and any other agency, organization, or individual providing services under the State, area, county, or tribal plan, shall be safeguarded by specific policies.
- Each participant from whom personal information is obtained shall be made aware of his or her rights to:
 - (a) Have full access to any information about one's self which is being kept on file;
 - (b) Be informed about the uses made of the information about him or her, including the identity of all persons and agencies involved and any known consequences for providing such data; and,
 - (c) Be able to contest the accuracy, completeness, pertinence, and necessity of information being retained about one's self and be assured that such information, when incorrect, will be corrected or amended on request.
- All information gathered and maintained on participants under the area, county or tribal plan shall be accurate, complete, and timely and shall be legitimately

necessary for determining an individual's need and/or eligibility for services and other benefits.

- No information about, or obtained from, an individual participant shall be disclosed in any form identifiable with the individual to any person outside the agency or program involved without the informed consent of the participant or his/her legal representative, except:

(a) By court order; or,

(b) When securing client-requested services, benefits, or rights.

- The lists of older persons receiving services under any programs funded through the State Agency shall be used solely for the purpose of providing said services, and can only be released with the informed consent of each individual on the list.
- All paid and volunteer staff members providing services or conducting other activities under the area plan shall be informed of and agree to:

(a) Their responsibility to maintain the confidentiality of any client-related information learned through the execution of their duties. Such information shall not be discussed except in a professional setting as required for the delivery of service or the conduct of other essential activities under the area plan; and,

(b) All policies and procedures adopted by the State and Area Agency to safeguard confidentiality of participant information, including those delineated in these rules.

- Appropriate precautions shall be taken to protect the safety of all files, microfiche, computer tapes and records in any location which contain sensitive information on individuals receiving services under the State or area plan. This includes but is not limited to assuring registration forms containing personal information are stored in a secure, locked drawer when not in use.

7. Records and Reports

- The applicant shall keep records and make reports in such form and requiring such information as may be required by the Bureau of Aging and Disability Resources and in accordance with guidelines issued solely by the Bureau of Aging and Disability Resources and the Administration on Aging.
- The applicant shall maintain accounts and documents which will enable an accurate review to be made at any time of the status of all funds which it has been granted by the Bureau of Aging and Disability Resources through its designated area agency on aging. This includes both the disposition of all monies received and the nature of all charges claimed against such funds.

8. Licensure and Standards Requirements

- The applicant shall assure that where state or local public jurisdiction requires licensure for the provision of services, agencies providing services under the

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county/tribal or area plan shall be licensed or shall meet the requirements for licensure.

- The applicant is cognizant of and must agree to operate the program fully in conformance with all applicable state and local standards, including the fire, health, safety and sanitation standards, prescribed in law or regulation.

9. Civil Rights

- The applicant shall comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and in accordance with that act, no person shall on the basis of race, color, or national origin, be excluded from participation in, be denied benefits of, or be otherwise subjected to discrimination under any program or activity under this plan.
- All grants, sub-grants, contracts or other agents receiving funds under this plan are subject to compliance with the regulation stated in 9 above.
- The applicant shall develop and continue to maintain written procedures which specify how the agency will conduct the activities under its plan to assure compliance with Title VI of the Civil Rights Act.
- The applicant shall comply with Title VI of the Civil Rights Act (42 USC 2000d) prohibiting employment discrimination where (1) the primary purpose of a grant is to provide employment or (2) discriminatory employment practices will result in unequal treatment of persons who are or should be benefiting from the service funded by the grant.
- All recipients of funds through the county/tribal or area plan shall operate each program or activity so that, when viewed in its entirety, the program or activity is accessible to and usable by handicapped adults as required in the Architectural Barriers Act of 1968.

10. Uniform Relocation Assistance and Real Property Acquisition Act of 1970

The applicant shall comply with requirements of the provisions of the Uniform Relocation and Real Property Acquisitions Act of 1970 (P.L. 91-646) which provides for fair and equitable treatment of federal and federally assisted programs.

11. Political Activity of Employees

The applicant shall comply with the provisions of the Hatch Act (5 U.S.C. Sections 7321-7326), which limit the political activity of employees who work in federally funded programs. [Information about the Hatch Act is available from the U.S. Office of Special Counsel at <http://www.osc.gov/>]

12. Fair Labor Standards Act

The applicant shall comply with the minimum wage and maximum hours provisions of the Federal Fair Labor Standards Act (Title 29, United States Code, Section 201-219),

as they apply to hospital and educational institution employees of state and local governments.

13. Private Gain

The applicant shall establish safeguards to prohibit employees from using their positions for a purpose that is or appears to be motivated by a desire for private gain for themselves or others (particularly those with whom they have family, business or other ties).

14. Assessment and Examination of Records

- The applicant shall give the Federal agencies, State agencies and the Bureau of Aging and Disability Resources authorized Area Agencies on Aging access to and the right to examine all records, books, papers or documents related to the grant.
- The applicant must agree to cooperate and assist in any efforts undertaken by the grantor agency, or the Administration on aging, to evaluate the effectiveness, feasibility, and costs of the project.
- The applicant must agree to conduct regular on-site assessments of each service provider receiving funds through a contract with the applicant under the county or tribal plan.

15. Maintenance of Non-Federal Funding

- The applicant assures that the aging unit, and each service provider, shall not use Older Americans Act or state aging funds to supplant other federal, state or local funds.
- The applicant must assure that each service provider must continue or initiate efforts to obtain funds from private sources and other public organizations for each service funded under the county or tribal plan.

16. Regulations of Grantor Agency

The applicant shall comply with all requirements imposed by the Department of Health and Family Services, Division of Supportive Living, Bureau of Aging and Disability Resources concerning special requirements of federal and state law, program and fiscal requirements, and other administrative requirements.

17. Older Americans Act

The applicant shall comply with all requirements of the Older Americans Act (PL 89-73).

18. Federal Regulations

The applicant shall comply with all federal regulations (45 CFR 1321) governing Older Americans Act funds and programs.

19. Wisconsin Elders Act

The aging unit must comply with the provisions of the Wisconsin Elders Act.

Wisconsin Statutes Chapter 46.82 Aging unit.

“Aging unit” means an aging unit director and necessary personnel, directed by a county or tribal commission on aging and organized as one of the following:

- (1) An agency of county or tribal government with the primary purpose of administering programs of services for older individuals of the county or tribe.
- (2) A unit, within a county department under s. 46.215, 46.22
- (3) or 46.23, with the primary purpose of administering programs of and services for older individuals of the county
- (4) A private corporation that is organized under ch. 181 and
- (5) that is a nonprofit corporation, as defined in s. 181.0103 (17).

Aging Unit; Creation. A county board of supervisors of a county, the county boards of supervisors of 2 or more contiguous counties or an elected tribal governing body of a federally recognized American Indian tribe or band in this state may choose to administer, at the county or tribal level, programs for older individuals that are funded under 42 USC 3001 to 3057n, 42 USC 5001 and 42 USC 5011 (b). If this is done, the county board or boards of supervisors or tribal governing body shall establish by resolution a county or tribal aging unit to provide the services required under this section. If a county board of supervisors or a tribal governing body chooses, or the county boards of supervisors of 2 or more contiguous counties choose, not to administer the programs for older individuals, the department shall direct the area agency on aging that serves the relevant area to contract with a private, nonprofit corporation to provide for the county, tribe or counties the services required under this section.

Aging Unit; Powers and Duties. In accordance with state statutes, rules promulgated by the department and relevant provisions of 42 USC 3001 to 3057n and as directed by the county or tribal commission on aging, an aging unit:

(a) **Duties.** Shall do all of the following:

1. Work to ensure that all older individuals, regardless of income, have access to information, services and opportunities available through the county or tribal aging unit and have the opportunity to contribute to the cost of services and that the services and resources of the county or tribal aging unit are designed to reach those in greatest social and economic need.

2. Plan for, receive and administer federal, state and county, city, town or village funds allocated under the state and area plan on aging to the county or tribal aging unit and any gifts, grants or payments received by the county or tribal aging unit, for the purposes for which allocated or made.
3. Provide a visible and accessible point of contact for individuals to obtain accurate and comprehensive information about public and private resources available in the community which can meet the needs of older individuals.
4. As specified under s. 46.81, provide older individuals with services of benefit specialists or appropriate referrals for assistance.
5. Organize and administer congregate programs, which shall include a nutrition program and may include one or more senior centers or adult day care or respite care programs, that enable older individuals and their families to secure a variety of services, including nutrition, daytime care, educational or volunteer opportunities, job skills preparation and information on health promotion, consumer affairs and civic participation.
6. Work to secure a countywide or tribal transportation system that makes community programs and opportunities accessible to, and meets the basic needs of, older individuals.
7. Work to ensure that programs and services for older individuals are available to homebound, disabled and non-English speaking persons, and to racial, ethnic and religious minorities.
8. Identify and publicize gaps in services needed by older individuals and provide leadership in developing services and programs, including recruitment and training of volunteers, that address those needs.
9. Work cooperatively with other organizations to enable their services to function effectively for older individuals.
10. Actively incorporate and promote the participation of older individuals in the preparation of a county or tribal comprehensive plan for aging resources that identifies needs, goals, activities and county or tribal resources for older individuals.
11. Provide information to the public about the aging experience and about resources for and within the aging population.
12. Assist in representing needs, views and concerns of older individuals in local decision making and assist older individuals in expressing their views to elected officials and providers of services.
13. If designated under s. 46.27 (3) (b) 6., administer the long-term support community options program.
14. If the department is so requested by the county board of supervisors, administer the pilot projects for home and community-based long-term support services under s. 46.271.
15. If designated under s. 46.90 (2), administer the elder abuse reporting system under s. 46.90.
16. If designated under s. 46.87 (3) (c), administer the Alzheimer's disease family and caregiver support program under s. 46.87.
17. If designated by the county or in accordance with a contract with the department, operate the specialized transportation assistance program for a county under s. 85.21.

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18. Advocate on behalf of older individuals to assist in enabling them to meet their basic needs.

19. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.283 (1) (a) 1., apply to the department to operate a resource center under s. 46.283 and, if the department contracts with the county under s. 46.283 (2), operate the resource center.

20. If an aging unit under sub. (1) (a) 1. or 2. and if authorized under s. 46.284 (1) (a) 1., apply to the department to operate a care management organization under s. 46.284 and, if the department contracts with the county under s. 46.284 (2), operate the care management organization and, if appropriate, place funds in a risk reserve.

(b) Powers. May perform any other general functions necessary to administer services for older individuals.

(4) Commission On Aging.

(a) Appointment.

1. Except as provided under sub. 2., the county board of supervisors in a county that has established a single-county aging unit, the county boards of supervisors in counties that have established a multicounty aging unit or the elected tribal governing body of a federally recognized American Indian tribe or band that has established a tribal aging unit shall, before qualification under this section, appoint a governing and policy-making body to be known as the commission on aging.

2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall appoint, subject to confirmation by the county board of supervisors, the commission on aging. A member of a commission on aging appointed under this subdivision may be removed by the county executive or county administrator for cause.

(b) Composition.

A commission on aging, appointed under par. (a) shall be one of the following:

1. For an aging unit that is described in sub. (1) (a) 1. or 2., organized as a committee of the county board of supervisors, composed of supervisors and, beginning January 1, 1993, advised by an advisory committee, appointed by the county board. Older individuals shall constitute at least 50% of the membership of the advisory committee and individuals who are elected to any office may not constitute 50% or more of the membership of the advisory committee.

2. For an aging unit that is described in sub. (1) (a) 1. or 2., composed of individuals of recognized ability and demonstrated interest in services for older individuals. Older individuals shall constitute at least 50% of the membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

3. For an aging unit that is described in sub. (1) (a) 3., the board of directors of the private, nonprofit corporation. Older individuals shall constitute at least 50% of the

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membership of this commission and individuals who are elected to any office may not constitute 50% or more of the membership of this commission.

(c) Terms.

Members of a county or tribal commission on aging shall serve for terms of 3 years, so arranged that, as nearly as practicable, the terms of one-third of the members shall expire each year, and no member may serve more than 2 consecutive 3-year terms. Vacancies shall be filled in the same manner as the original appointments. A county or tribal commission on aging member appointed under par. (a) 1. may be removed from office for cause by a two-thirds vote of each county board of supervisors or tribal governing body participating in the appointment, on due notice in writing and hearing of the charges against the member.

(c) Powers and duties.

A county or tribal commission on aging appointed under sub. (4) (a) shall, in addition to any other powers or duties established by state law, plan and develop administrative and program policies, in accordance with state law and within limits established by the department of health and family services, if any, for programs in the county or for the tribe or band that are funded by the federal or state government for administration by the aging unit. Policy decisions not reserved by statute for the department of health and family services may be delegated by the secretary to the county or tribal commission on aging. The county or tribal commission on aging shall direct the aging unit with respect to the powers and duties of the aging unit under sub. (3).

(5) Aging Unit Director; Appointment. A full-time aging unit director shall be appointed on the basis of recognized and demonstrated interest in and knowledge of problems of older individuals, with due regard to training, experience, executive and administrative ability and general qualification and fitness for the performance of his or her duties, by one of the following:

- (a) 1. For an aging unit that is described in sub. (1) (a) 1., except as provided in subd. 2., a county or tribal commission on aging shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors or the tribal governing body that participated in the appointment of the county or tribal commission on aging.
2. In any county that has a county executive or county administrator and that has established a single-county aging unit, the county executive or county administrator shall make the appointment, subject to the approval of and to the personnel policies and procedures established by each county board of supervisors that participated in the appointment of the county commission on aging.
- (b) For an aging unit that is described in sub. (1) (a) 2., the director of the county department under s. 46.215, 46.22 or 46.23 of which the aging unit is a part shall make the appointment, subject to the personnel policies and procedures established by the county board of supervisors.
- (d) For an aging unit that is described in sub. (1) (a) 3., the commission on aging under sub. (4) (b) 3. shall make the appointment, subject to ch. 181.

11. Appendices